

APPENDIX 5

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION

NOTICE OF INTENT TO COMPLY WITH ORDER NO. R4-2005-XXXX CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS FOR DISCHARGER GROUPS

An on-line application system is under development which will replace the document below. However, the Notice of Intent information is substantially equivalent to the information required below. Regional Board staff will inform the regulated community when the on-line form is accessible through the Regional Board website at www.waterboards.ca.gov/losangeles.

In addition to the information contained below, the new form will require data on the following topics:

- a. Existing pest control methods used
- b. Timing of pesticide application
- c. Description of discharge impounds
- d. Acreage of row crops, orchards, vineyards, nurseries and green houses
- e. Irrigated acreage by type of irrigation: drip, sprinkler, furrow
- f. Irrigated acreage generating discharge: tail water, tail water to pond, tile drain, tile drain to pond, storm water.

1. Discharger Group Information

Discharger Group Name:			
Facility Name ¹			
Physical Address:			
City:	County:	Zip:	Phone:
Mailing Address			
City	State	Zip	
Contact Person:			

The Discharger Group representative's information shall be included in the above information box. A Membership Document shall be included with this NOI, listing each individual discharger participating in the group. This document shall also provide information for each individual discharger as listed in below, including; the owner and facility locations, physical and mailing

¹ Facilities include lands where water is applied for the purpose of producing crops and includes commercial nurseries, and nursery stock production.

address, phone number, assessor parcel number(s), GPS coordinates, discharge risk, closest surface water body and description of pollution management practices in place and as described in detail in the NOI for individuals. A facility includes lands where water is applied for the purpose of producing crops and includes commercial nurseries, nursery stock production.

2. Billing Address (if different from above)

Name:			
Street Address:			
City:	County:	Zip:	Phone:
Contact Person:			

3. Reason(s) for Filing

<input type="checkbox"/> New Discharger Group <input type="checkbox"/> Existing Discharger Group <input type="checkbox"/> Expansion	<input type="checkbox"/> Changes in Ownership/Operator or addition of Discharger(s) to Discharger Group <input type="checkbox"/> Expiration of Conditional Waiver Date of Conditional Waiver: <input type="checkbox"/> Other:
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2. Site Information²

Street Address:		
City:	County:	Total size of site (acres):
Assessor's Parcel Number:	Closest Blue-line stream and Distance:	
Township and Range:		
Mark only One Item: 1. <input type="checkbox"/> Low Risk ³ 2. <input type="checkbox"/> Typical Please characterize your property as Low Risk or Typical. These are designations based on existing agricultural practices fully described in the Conditional Waiver, Order No. R4-2005-XXXX and the Monitoring and Reporting Plan Res. No. R4-2004-XXXX, No. CI-8835. If your answers to questions are "Yes" then you are likely to qualify for a Low-risk classification. Otherwise you will be listed as Typical.		
1) Is pesticide application performed in accordance with Integrated Pest Management Guidelines provided by University of California Cooperative Extension or the National Resource Conservation Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Does the irrigated land have at least a 50-foot setback from any water body or wetlands or is it separated from that waterbody by buffer strips?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

² Attach a topographic map (including property boundary and discharge area) and vicinity map (showing location in relationship to major road intersections, lot and tract boundaries, etc. Blue-line stream identification from USGS 1:10,000 topographic maps

³ Low Risk and Typical are designations based on existing agricultural practices fully described in the Conditional Waiver, Order No. R4-2005-XXXX, and the Monitoring and Reporting Plan, NO. CI-8835.

3) Has pest control been accomplished without pesticides listed for the watershed on the most recent 303(d) list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Was irrigation runoff and sediment retained on the property (even during storms) by filter strips, buffer zones, retention basins, or other management practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Is subsurface water removed without tile drains?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6) Is discharge is impounded or treated, and/or is it is documented to meet all WQOs, TMDL load reductions and CTR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If Low-risk designation is chosen, please use the space below, or attach additional sheet, to describe the conditions that qualify the property for this designation. If insufficient information is submitted, the discharge will be classified as Typical.</p>		
Latitude/longitude:		
_____ Deg. _____ Min. _____ Sec. W. _____ Deg. _____ Min. _____ Sec. W.		
Depth to groundwater (feet) - may use estimate based on regional groundwater data:		
Identify all water supply wells within 500 feet of the nearest edge of property:		
Identify all waterbodies within 500 feet of the nearest edge of property:		

3. Water Supply

Average quantity (average daily and/or monthly amount used):	
Water supply source (groundwater or other):	
<input type="checkbox"/> On-site well	Location and depth to groundwater: Name:
<input type="checkbox"/> Off-site well	
<input type="checkbox"/> Water purveyor	
<input type="checkbox"/> Other:	
Average quantity (average daily and/or monthly amount used):	

TENTATIVE

Average daily: Maximum daily: If intermittent flow, provide frequency:

TENTATIVE

Type and Volume of Crops Produced each year:	
Acreage of Irrigated Lands	Estimated Rainfall in annual inches

Estimated Rainfall in annual inches

Type and quantity of pesticides applied and % frequency of application with irrigation and using IPM guidelines:

Type and quantity of Pesticides applied and % frequency of application with irrigation and suing using IPM guidelines; Frequency of pesticide application following Integrated Pest Management guidelines.

Storm water/Tail water management practices in place:

Describe other management practices in place which may mitigate contamination of water by fertilizer, pesticide, storm water, tile drain or tail water discharges

[illegible]

Describe other management practices in place which may prevent contamination of water by fertilizer, pesticide, storm water or tail water discharges:

6. Filing Fee

An annual fee has been set according to the State Board fee schedule for this waiver. or upon designation of annual fee by the State Water Resource Control Board, whichever is first

4. Certification:

Each member of the group listed in the Participation Document and described above will provide a signature on the certification below.

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the Conditional Waiver and the Monitoring and Reporting Program, will be complied with.

Printed Name:_____ Title:_____

Signature:_____ Date:_____